

EXHIBIT 22

001785710019

Account/Policy/Contract # _____

Home Office Use Only

NEW ACCOUNT / SUITABILITY FORM

IMPORTANT INFORMATION ABOUT PROCEDURES WHEN OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

Registered Representatives are responsible to determine suitability for all recommendations they make.

A. CUSTOMER ACCOUNT INFORMATION (Complete for all transactions)	
Owner/Custodian/TTEE(First, MI, Last) <u>Carol Hagan</u>	Jt Owner/Insured/Minor(First, MI, Last) _____
Date of Birth <u>11/29/56</u> <u>Lupinore</u>	Date of Birth _____
Social Security # <u>[REDACTED]</u>	Social Security # _____
Marital Status <u>S</u>	Marital Status _____
# of Dependents <u>0</u>	# of Dependents _____
Legal Residence (no P.O. Boxes) <u>227 W. Frank St.</u>	Legal Residence (no P.O. Boxes) _____
City <u>BIRMINGHAM</u> State <u>MI</u> Zip Code <u>48009</u>	City _____ State _____ Zip Code _____
Mailing Address (if different than Legal Residence) _____	Mailing Address (if different than Legal Residence) _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Employer Name <u>MAD ADVERTISING & MARKETING</u>	Employer Name _____
Employer Street Address <u>7 N SAGINAW #300</u>	Employer Street Address _____
City <u>PONTIAC</u> State <u>MI</u> Zip Code <u>48342</u>	City _____ State _____ Zip Code _____
Occupation <u>OWNER/CEO</u>	Occupation _____
Are you an employee or affiliate of a member firm of the NASD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you an employee or affiliate of a member firm of the NASD? <input type="checkbox"/> Yes <input type="checkbox"/> No
FINANCIAL INFORMATION	TRANSACTION INFORMATION
(Combine for owner and joint owner if applicable)	Amount of Investment/Annual Premium <u>745.00 +</u>
Annual Income: <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,000 - \$50,000 <input checked="" type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,000 +	Does this purchase replace any other annuity or insurance product? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specific Income for Connecticut _____	If yes, complete Section D
Marginal Federal Tax Rate: <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input checked="" type="checkbox"/> 35%	Other Nationwide Products currently owned: <input type="checkbox"/> Disability Income <input type="checkbox"/> Auto <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Annuity <input type="checkbox"/> Life <input checked="" type="checkbox"/> Homeowner/Fire <input checked="" type="checkbox"/> Other <u>Commercial</u>
Value of Principal Residence <u>NA</u>	Was this purchase solicited by agent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Net Worth (excluding residence) <u>500,000 +</u>	Source of Funds for this purchase <input type="checkbox"/> Current Income/Savings <input type="checkbox"/> Mutual Fund Redemption (complete NSI Switch Form) <input type="checkbox"/> Life Insurance / Annuity Values (complete Section D and NSI Switch Form) <input checked="" type="checkbox"/> Other <u>Commercial</u>
Liquid Net Worth (i.e. savings/investments) <u>75,000</u>	Client received prospectus? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

L-4499-E

10/2003

EXHIBIT <u>1</u>
Deponent <u>Reich</u>
Date _____ Rptr. _____
WWW.DEPOSOURCE.COM

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B. RISK ASSESSMENT (Complete for variable and fixed annuities, variable life and mutual funds only)

INVESTMENT EXPERIENCE	INVESTMENT OBJECTIVE (for this account)
Previous Investment Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Objective – Fund(s) or Subaccount(s) (select one) Protection Stability Income Growth
If yes, please list type and amount _____	Secondary Objective – Product Features (select one): Protection Stability Income Growth
_____	Risk Tolerance None Conservative Moderate Aggressive
Current Investments (Type and Amount):	Time Horizon: 0-5 years 5-10 years more than 10 years
CDs/Savings _____	Tax Qualified Retirement Account? <input type="checkbox"/> Yes <input type="checkbox"/> No
Annuities/Mutual Funds _____	If yes, please indicate reason other than tax deferral for purchase of annuity / life product, since retirement account is already tax deferred
Stocks/Bonds _____	<input type="checkbox"/> Death Benefit
Property/Business _____	<input type="checkbox"/> Annuitization
Retirement/Pension _____	<input type="checkbox"/> Other _____
Cash Value Life Insurance _____	_____
Other _____	_____
Value of Total Investments _____	_____

Remarks: _____

C. LIFE INSURANCE (Complete for all life products, including variable life)

LIFE INSURANCE NEEDS ANALYSIS	ADDITIONAL INSURANCE INFORMATION
Final Expenses: _____ +	Client Received Illustration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach copy of customer signed illustration)
Total Debt <u>\$ 500,000</u> +	The Purpose of this Insurance is:
Income Replacement _____ +	<input type="checkbox"/> PERSONAL OR FAMILY
College Education _____ +	<input type="checkbox"/> Family Income <input type="checkbox"/> Mortgage/Debt Coverage
Gifts/ Bequests _____ +	<input type="checkbox"/> Final Expenses <input type="checkbox"/> Other _____
Total Need: <u>\$ 500,000</u> =	<input checked="" type="checkbox"/> BUSINESS INSURANCE
Current Life Insurance <u>0</u> -	<input type="checkbox"/> Buy/Sell <input type="checkbox"/> Key Person <input type="checkbox"/> Deferred Comp
Available Assets _____ -	<input checked="" type="checkbox"/> Business Debt/Line of Credit
Remaining Need: <u>\$ 500,000</u> =	If the Insured is a juvenile (ages 0-14) Did you see the child at the time of Application? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child live with the Owner/Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," with whom does the child reside?
Alternate Needs Analysis Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach copy and submit)	Name _____ Relationship _____
<u>* To provide coverage over AN INVESTOR LOAN for CAPITAL PURCHASES</u>	How much insurance is in force with all companies. On the Child? \$ _____ On the Parent or Guardian? \$ _____
	On Brothers? On Sisters?
	Age Amount Age Amount
	_____ \$ _____ _____ \$ _____
	_____ \$ _____ _____ \$ _____
	_____ \$ _____ _____ \$ _____
	(If the supporting parent of the child or any older brother or sister is not insured, explain fully)

L-4499-E

10/2003

0404

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D. LIFE POLICY OR ANNUITY CONTRACT REPLACEMENTS**TYPES OF REPLACEMENTS**Is a current contract being replaced (see definition in instructions)? NO If yes, complete the rest of this section.

Are values being used from an existing contract to fund the proposed contract? If yes, this is a replacement _____

If values are being used from an existing contract, the potential consequences to both the existing and new policy must be disclosed to the customer by completing this form and preparing/obtaining an illustration of the proposed contract and a re-illustration of the existing contract. Include copies of both illustrations with this suitability form.

Existing Contract Type _____ Proposed Contract Type _____

Issuer of Replaced Contract/Policy/Account _____

Tax Consequences of Replacement _____

COMPARISON OF CONTRACTS

	CONTRACT	
	Replaced	Proposed
Current CDSC or Surrender Charge \$ Amount		
CDSC or Surrender Charge Time Remaining (months)		
Mortality and Expense Charge		
Administrative Charge		
Premium Charge		
Cost of Insurance		
Sales Loads		
Suicide & Contestable Periods Time Remaining		
Optional Contract Benefits		
Death Benefit \$ Amount		

REASON & JUSTIFICATION FOR REPLACEMENT

_____ Lower charges in new product

_____ Features of new product

Specify _____

_____ Other

Specify _____

Based upon your analysis of the New Account/Suitability Form and Replacement Section and any other pertinent information, explain why you believe this replacement is appropriate for the customer.

This replacement is appropriate for the following reasons _____

001785710022

E. ACKNOWLEDGMENT & SIGNATURES

1. I acknowledge that I have discussed my needs and the suitability of this purchase with the representative. Further, if this is an annuity / variable life purchase for a tax qualified retirement account, I understand this purchase is not needed for the purpose of tax deferral since the retirement account is already tax-deferred. If a replacement is involved, I have also reviewed the advantages and disadvantages of the proposed replacement. If values from an existing policy are being used to finance this proposed policy, I acknowledge that the consequences of this financing on both the existing policy and the new policy have been explained to me. After reviewing the advantages, disadvantages and consequences, I wish to proceed with this transaction.
2. Successors This agreement and its provisions shall be continuous, and shall inure to the benefit of the Company's present organization, and any successor organization or assignee, and shall be binding upon the owner/customer and/or the estate, executors, administrators and assigns of the owner/customer.
3. Written inquiries may be directed to Nationwide Securities, Inc., Attn: Corporate Compliance, 5475 Rings Road, Suite 410, CO-09-22, Dublin, OH 43017, 1-866-323-2303.
4. I/We hereby certify that the information provided above accurately reflects my/our financial background and investment objectives.

Name of Owner (please print) GARY HARMAN LUPILOFF
 Signature of Owner: [Signature] Date: 11/11/03
 Identification Type (photograph required)
☒ Driver's License (State MA) ☐ State-Issued ID (State MA) ☐ Military ID ☐ U.S. Passport
 Issuing Authority STATE OF MASSACHUSETTS ID # L141271298 911 Expiry Date: 1/29/06

Name of Joint Owner/ Insured (please print) _____
 Signature of Owner _____ Date: _____
 Identification Type (photograph required)
☐ Driver's License (State _____) ☐ State-Issued ID (State _____) ☐ Military ID ☐ U.S. Passport
 Issuing Authority: _____ ID # _____ Expiry Date _____

Representative Acknowledgement:

☒ I confirm that I have personally examined the document(s) listed in "Identification Type" and reasonably believe the information confirms the identity of the customer(s).
 For variable products, I have entered this transaction on the Securities Transaction Blotter ☐ Yes ☐ No ☒ PNA (Fixed Life/Fixed Annuity)
 I acknowledge that I believe that this transaction is suitable for the customer. Further, if this is an annuity / variable life purchase for a tax qualified retirement account, I have disclosed that this purchase is not needed for the purpose of tax deferral since the qualified account is already tax-deferred. If a replacement is involved, I have also analyzed the advantages and disadvantages and have discussed them with the customer.

Representative Name (Print) MARY E. REICH State MA Agt # 21-0024503
 Representative Signature [Signature] Date 11/11/03 Phone 248-203-9604
 Representative E-mail Address REICH.M@NATIONWIDE.COM

Representative Name (Print) _____ State _____ Agt # _____
 Representative Signature _____ Date _____ Phone _____
 Representative E-mail Address _____

Principal Review _____
 Print _____ Signature _____ Date _____

001785710023

NATIONWIDE SECURITIES, INC.
 5475 Rings Rd., Atrium II, Suite 410, Dublin, OH 43017
NEW ACCOUNT / SUITABILITY FORM

INSTRUCTIONS

The National Association of Securities Dealers (NASD) and the Insurance Marketplace Standards Association (IMSA) require that any product recommendation be based on sufficient knowledge of the customer(s) personal and financial information to determine suitability. This form is intended to record that information. Information on this form will be used by the representative and the companies involved solely for customer identification and determination of suitability. Applicable sections of this form must be fully completed for all new life insurance, fixed annuity and variable product (variable annuity, variable life and mutual fund) accounts.

SECTION A – CUSTOMER ACCOUNT INFORMATION

- Information on the customer and this purchase must be completed for the owner(s) of the account for all sales
 - If the policy or account has joint owners and/or joint insured, the information must be completed for both parties
 - For entities, the following required documents must also be attached:
 - Corporation – Certified Articles of Incorporation
 - Partnership – Partnership Agreement
 - Sole Proprietorship – Government-issued Business License
 - Trust – Trust Agreement / Certification
- Financial Information**
- "Annual Income" for the owner(s) can be either the past or current tax year. For Connecticut residents, you must list the specific dollar amount of income
 - The "Tax Rate" should be the approximate marginal federal income tax rate for the past or current year
 - Net Worth should exclude value of principal residence. Liquid net worth is the amount of net worth in cash or that is readily convertible to cash
- Transaction Information**
- The replacement question and the solicitation question must be answered on all cases. If the case is a replacement, or if the Source of Funds is proceeds or values from an existing variable product, the Replacement Section and the NSI Switch Form (for mutual funds, variable annuities and variable life only) must also be completed
 - A prospectus must be delivered to the customer at or prior to time of sale for all variable products.

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Summary Sheet:

November 12, 2003

Client: Gary Harmon Lupiloff
Policy Type: GT 10 / \$500,000 DB

Notes:

Purpose of policy is business related. Gary's company "Mad Advertising and Marketing" has borrowed a sum of money for capital and the investor is requesting Gary to carry this policy to protect the loan repayment in the event of Gary's demise. The initial loan amount was for more than \$500,000, yet the amount has now decreased to approximately this amount at this time.

The Investor, William Keene, will show as the primary beneficiary with the verbiage: ATIMA with the balance of death benefit at any time to go to the secondary beneficiaries, which are Gary's daughters.

William Keene is paying the first estimated quarterly payment to bind this policy. Gary will be paying the subsequent premium amounts.

Gary has submitted to have his name officially changed (for professional reasons) to Gary Harmon. He has been informed that paperwork making this official will arrive within 10 days. We will forward a copy of this to you on our receipt. He would like the policy to reflect his new name: Gary Harmon

Agent: Mary E (Betsy) Reich
248-203-9804



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